per year.

b. Skilled nursing care must be ordered by a physician, and provided on a daily basis by or under the supervision of technically or professionally trained personnel.

c. A physician must certify at the time of admission and recertify every thirty (30) days that services are required to be given on an inpatient basis at a skilled nursing level of care. A written plan of care must be established and periodically reviewed and evaluated by a physician and other personnel involved in the care of the patient.

2. Not Covered Services

a. Custodial care.

b. Personal comfort items.

c. Private duty nursing services.

d. Unskilled services.

4.b. Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)

Early Periodic Screening, Diagnosis and Treatment services are screening and diagnostic services to determine physical or mental defects in recipients under age 19, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered.

A. Provider Eligibility Requirements

The following providers are authorized to provide Early Periodic Screening, Diagnosis and Treatment services:

1. All Medicaid approved practitioners, physicians, dentists, audiologists and optometrists.

2. Independent clinics and hospitals that have executed a signed agreement with the Medicaid program.

B. Benefit Limitations

1. Covered Services

a. Early Periodic Screening, Diagnosis and

Treatment Services.

b. Screening examination (and rescreening) once in each of ten (10) age intervals.

c. Immunizations at the screening.

d. Refractive eye examination and eyeglass prescription by an ophthalmologist or optometrist once every two (2) years or when referred by screening. Prior authorization is required for both eye examination and eyeglasses.

e. Hearing test and hearing aid. Prior authorization is required for a hearing aid. Issuance and replacement is limited to once every three (3) years.

f. Necessary dental care is furnished to children three (3) years of age and over by the Public Health Dental Clinic if a referral is made by the Screener. Prior authorization is required for dental care provided by private Medicaid provider.

g. Medical care as covered under the State Plan.

h. Assistance with transportation to and from screening, diagnostic services and treatment.

i. Assistance with making medical appointments.

2. Not Covered Services

Screening of persons nineteen (19) years old and over.

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age

Provided with no limitations.

5. Physician's Services

Physician's services includes those reasonable and medically necessary diagnostic or treatment services provided by or under the personal supervision of a physician and which are within the scope of practice of the physician's profession as defined by State Law. The services maybe furnished in the office, the patient's home, a hospital, skilled nursing facility or elsewhere.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid Program, a physician, doctor of medicine or osteopathy, must be licensed to practice medicine and surgery by the Guam Board of Medical Examiners and Commission of Licensure to practice the Healing Art of Guam.

B. Benefit Limitations

1. Covered Services

a. Medical and surgical services.

b. Injections and drugs dispensed by the physician.

c. Family planning services.

d. Services and supplies incidental to physician's services.

e. Kidney dialysis and related services.

f. Only one (1) hospital visit per day for consultation. Additional visit is allowed

only when justified by medical necessity.

g. Medically indicated circumcision. Prior authorization from Medicaid is required.

h. Diabetes, and related services and supplies.

i. Routine physical examination.

j. Care for tuberculosis, or lytico (Amyotrophic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.

2. Not Covered Services

a. Cosmetic surgery.

b. Immunization and vaccines readily available free of charge at Public Health Clinic.

c. Chiropractor's services.

d. Acupuncture.

Physician's Services Provided for Sterilization Procedures Must Meet the Following Requirements in Order to be Eligible for

Medicaid Payment.

A. The recipient to be sterilized must not be declared mentally incompetent by a Federal, State or Local Court of Law.

B. The recipient to be sterilized must be at least twenty one (21) years old at the time of obtaining informed consent to sterilization.

C. The recipient to be sterilized must not be institutionalized in a corrective, penal, mental, or rehabilitation facility.

D. The recipient to be sterilized must give informed consent, in accordance with the Medicaid approved informed consent to sterilization form, not less than thirty (30) days nor more than one hundred eighty (180)days prior to signing of the informed consent for sterilization except in the case of premature delivery or emergency abdominal surgery. For these exceptions, at least seventy two (72) hours must pass between informed consent and the sterilization procedure.

In cases of premature delivery, informed consent must have been given at least thirty (30) days before the

expected delivery date.

E. The recipient to be sterilized, the person who obtained the consent, and the interpreter (if required) must sign the consent form at least thirty (30) days but not more than one hundred eighty (180) days prior to the sterilization. The physician performing the sterilization must sign and date the consent form after the sterilization has been performed.

F. Prior authorization is required for sterilization. A copy of the informed consent to sterilization and the prior authorization must be attached to the Medicaid claim when billing Medicaid for sterilization procedures.

Physician's Services for Hysterectomies Must Meet the Following Requirements in Order to Receive Medicaid Payment

A. Medicaid reimbursement for hysterectomies which are performed solely for the purpose of rendering the recipient incapable of reproducing is prohibited.

B. Medicaid reimbursement for a hysterectomy is allowed only when the surgery is medically necessary to treat injury or pathology.

C. The physician must inform the recipient that the hysterectomy is allowed only when the surgery is medically necessary to treat injury or pathology.

D. A completed copy of the approved acknowledgement of receipt of hysterectomy information form (Medicaid Form No. 005) must be attached to the Medicaid claim when billing for hysterectomy services.

Physician's Services for Abortion Procedures Must Meet the Following Requirements in Order to Receive Medicaid Payment

The physician must certify in writing that the life of the mother would be endangered if the fetus was carried to term. Prior authorization is required for abortion for pregnancies.

When billing for abortion services, a copy of the prior authorization from Medicaid must be attached to the Medicaid claim with a copy of the gross and microscopic pathological report indicative of the product of conception.

6. Medical care and other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State Law.

6.a. Podiatrist's Services

A Podiatrist is a health professional responsible for the examination, diagnosis, prevention, treatment, and care of conditions and functions of the human foot. A podiatrist performs surgical procedures, prescribes corrective devices and drugs and physical therapy as legally authorized in the State in which he or she is practicing.

Podiatry is the diagnosis, treatment, and prevention of conditions of human feet.

In order that only medically necessary podiatry services are reimbursed, the following foot care services are <u>considered not reasonable and necessary</u> for the diagnosis and/or treatment of illness or injury or to improve the functioning of a malformed body member:

1. Routine foot care such as:

    a. Cutting and/or removal of corns or calluses;

    b. Trimming of nails, routine hygienic care (preventive maintenance care ordinarily within the realm of self care); and

    c. Any services performed in the absence of localized illness, injury or symptoms involving the feet.